FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:56

DOCUMENT # **S26699** (6)

1. Corporation Name
EAGLE FINANCE ADJUSTERS, INC.

Principal Place of Business	Mailing Address
17949 WEST STATE ROAD 50 WINTER GARDEN FL 34787 US	POST OFFICE BOX 4710 HOMOSASSA SPRINGS FL 34447 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/22/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 11678 Gregory Ct.
22: Suite, Apt. #, etc.
23: City & State: Homosassa Springs, FL
24: Zip: 34446
25: County: Citrus

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3050594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEBBIE ESTES
17949 WEST STATE ROAD 50
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 11678 Gregory Ct.
83:
84 City: Homosassa Springs FL 85 Zip Code: 34446

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Debbie Estes - Debbie Estes (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when indicated) DATE: 1-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, DENNIS	1.2 NAME	
STREET ADDRESS	1006 SOUTH 14TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☑ Change ☐ Addition
NAME	ESTES, ROY	2.2 NAME	
STREET ADDRESS	17949 WEST STATE ROAD 50	2.3 STREET ADDRESS	11678 Gregory Ct
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	Homosassa Springs, FL 34446
TITLE	ST	3.1 TITLE	☑ Change ☐ Addition
NAME	ESTES, DEBBIE	3.2 NAME	
STREET ADDRESS	17949 WEST STATE ROAD 50	3.3 STREET ADDRESS	11678 Gregory Ct
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	Homosassa Springs, FL 34446
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debbie Estes - Debbie Estes 1/15/95 904-628-2097
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR NAME OF ACTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0497100 FP